



INDIAN MEDICAL ASSOCIATION KERALA STATE BRANCH
IMA KERALA HEALTH SCHEME
APPLICATION FORM

E mail: imakeralahealthscheme@gmail.com, imaksbhs@gmail.com Web- imakhs.com Tel.9539332426

R No

R. Date

En.Date

EN. NO

IF ALREADY A MEMBER

OFFICE USE

OFFICE USE

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OFFICE USE

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Name

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Date of Birth Proof Document

Address

Permanent

Address
Communi-
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Mob

Tel with STD Code

E Mail ID

Med Council Reg. No

Year

Name of Council

Qualifications

IMA Life membership No

Spouse -Name

Age

DOB

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Date of Birth Proof Document

Address

Permanent

Address
Communi-
cation

Pin

Pin

Mob

Tel with STD Code

E Mail ID

Med Council Reg. No

Year

Name of Council

Qualifications

IMA Life Membership No (if ima member)

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Father - Name

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Date of Birth Proof Document

Address

Permanent

Address
Communi-
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Tel with STD Code

E Mail ID

Mother-Name

Age

DOB

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Date of Birth Proof Document

Address

Permanent

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Communi-
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Pin

Mob

Tel with STD Code

E Mail ID

CHILDREN

IF WANT TO JOIN

Son/ Daughter Name																																			
Age	DOB	D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document																									
Address Permanent																	Address Communi- cation																		
	Pin																	Pin																	
Mob																	Tel with STD Code																		
E Mail ID																																			
Son/ Daughter Name																																			
Age	DOB	D	D	M	M	Y	Y	Y	Y	Date of Birth Proof Document																									
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Nominees	Name																	Relation									Signature								
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Cheque ☐ DD ☐

DETAILS OF PAYMENT

AmountNODATE.....

Name of Bank.....Branch

AFFIDAVIT

Ihereby state that the details furnished by me are true to the best of my knowledge and I am in sound state of mind and body. I further state I shall abide by the rules and regulations of the scheme which may be amended from time to time (if need arises).

Date

Signature of the Applicant

CERTIFICATE FROM BRANCH PRESIDENT / SECRETARY

I, DR PRESIDENT/ SECRETARY OF IMA

BRANCH DO HERE BY CERTIFY THAT DR.....IS A LIFE / ANNUAL MEMBER OF THIS BRANCH

DATE

SEAL

SIGNATURE

Submit the Application form duly filled in and singed along with

1. Date of Birth proof Document Copy
2. Copy of IMA Life Membership Certificate / Card
3. Cheque/DD payable at Kozhikode Drawn in Favour of **IMA KERALA HEALTH SCHEME**
To Dr. Roy R. Chandran Secretary IMA KHS, Office: MONU'S, INPAAR JUNCTION, CHEVAYUR P.O, Kozhikode - 673 017, Tel. & Whatsapp No: 9539332426 Email: imaksbhs@gmail.com, Web:imakhs.com

FOR OFFICE USE ONLY

DATE OF APPLICATION D D M M Y Y Y Y

APPLICATION RECEIVED D D M M Y Y Y Y

ENROLLMENT NO.

RECIPT NO

VERIFICATION DAITLS FROM STATE HQ

LIFE ANNUAL NON MEMBER

DD/CHQ ENCASHED YES NO REPAID

DATE OF ENROLMENT D D M M Y Y Y Y

HEALTH CARD SENT ON D D M M Y Y Y Y

SIGNATURE SECRETARY IMA KHS



IMA KERALA HEALTH SCHEME

Office: CB Nivas, Pottammal Jn, Chevarambalam PO, Kozhikode – 673017 Mob: 9539332426

Website: www.imakhs.com Email: imakeralahealthscheme@gmail.com, imakhs@gmail.com

IMA Kerala Health Scheme, started on 1st July 2006, is meant to help our members to meet the needs of hospitalisation and investigations. Rules and regulations are coined to suit the needs of the members, and are amenable if need arises. Now the **upper limit of reimbursement is Rs.3 lakhs** for treatment of all diseases **per member per year**. IMA KHS works on the principle of mutual benefit among our members and family. The Scheme is not an insurance firm but our services are more prompt and incomparable and the yearly payment is low when compared to the insurance companies. All the major diseases are included in the scheme and the scrutinising committee and managing committee have the power to include more, as the need arises, from time to time.

IMA member, their spouse, parents and children can join the scheme provided they are **below 65 years of age**. Advance Financial Assistance Contribution (AFAC) and Annual Subscription fees (AS) are to be paid every year. Renewal Notice shall be sent in time every year. **There will be no health screening for admission to the scheme.** This is a tailor made scheme for IMA Members and their families.

Membership – Fee structure

AGE	Admission Fee (AF) Rs.	Annual Membership Subscription (AMS) Rs.	Advance Financial Assistance Contribution (AFAC) Rs.	TOTAL For New Enrollment Rs.	Yearly Renewal Rs.
Less than 25	800	100	2100	3000	2200
25-35	1000	100	3000	4100	3100
35-45	1500	100	3500	5100	3600
45-55	2000	100	4000	6100	4100
55-60	5000	100	5000	10100	5100
60-65	6000	100	7000	13100	7100
65-70	-	100	8000	-	8100
70		100	10000	-	10100

SALIENT FEATURES OF THE SCHEME (See by laws for details)

Individuals up to the age of 65 years are eligible for membership in the scheme. Age is considered as on the date of receipt of duly filled application along with cheque/DD (subject to encashment) at the scheme office. Bills above Rs 5000/- shall only be considered for reimbursement. Maximum amount that can be reimbursed is **Rs 3,00, 000/-per membership year** as per conditions laid on. Benefits of the scheme shall be given only to the members or beneficiary members (spouses, children and parents of an IMA member who have joined in the scheme) provided their membership is active (ie. renewed every year.)

Benefits of the Scheme. This scheme is entitled to be helpful to the members/ beneficiary members to meet the heavy expenses for the management of coronary heart disease and surgical management of valvular heart diseases, management of renal failure, management of cancer, brain tumors involving surgical treatment and joint replacement surgery for hip and knee joints, spinal surgery, Trauma, major Transplant surgeries and all diseases requiring admission causing expenditure above Rs. 5000.00

- 1. Coronary Heart Disease:-** Bypass surgery and Angioplasty required for the treatment of coronary heart disease and Valvular heart disease surgery will be covered under this scheme. Upper limit will be **Rs. 3 Lakhs/year**.
- 2. Renal Failure:-** Regular haemodialysis or renal transplantation required in the management of chronic irreversible failure of both the kidneys will be covered under the scheme. Upper limit is **Rs 3 lakhs/year**.
- 3. Malignancy:-** Surgery, Radiotherapy and chemotherapy required for the treatment of all cancers will be covered under the scheme. Upper limit will be **Rs. 3 Lakhs/year**

4. **Management of Brain Tumour:** - Radiotherapy and chemotherapy required for the treatment of brain tumours will be covered under the scheme. Upper limit will be **Rs. 3 Lakhs/year**.
5. **Major Surgeries:** -Surgery for knee and hip joints, spinal stenosis and disc surgery or other major surgeries will be covered by the scheme with an upper limit of **Rs 1 lakh**.
6. **Other diseases:** -Any serious diseases requiring hospitalization will be covered with an upper limit of Rs 50,000/- .For multi system involved diseases and those requiring ventilator support the upper limit will be **Rs.1 Lakh**.
7. A member will get a maximum of benefit of **Rs.3 Lakh in one year** for all diseases.

Procedure for Claim

- a) It is mandatory that the member has to submit original papers as well as attested photo copies of treatment certificate, discharge summary, breakup of bills, professional charges, cost of medicine and investigations and any other documents upon which a claim is based **within 60 days of bill date / discharge** from the hospital. The member shall also give additional information as demanded by the scheme which may be required in dealing with any claim. If a claim in any manner is found fraudulent or supported by false evidence, the scheme shall not be liable to make any payment and may lead to termination of membership. Original bills and papers will be given back to the member after verification, if needed, and self-addressed, stamped (for Speed Post) envelope should be enclosed for the purpose.
- b) Eligible amount will be paid within 90 days from the submission of the original bills, papers and other documents upon which the claim is based. After verifying all the facts as prescribed by the managing committee, all payment shall be made by A/c. payee cheque/DD. Managing committee will have the discretion to pass / reject payment of bill in cases where they are not satisfied about the genuineness of the claim.
- c) Members will be given **reimbursement of 75% of total amount of the bill (after deductions, if any) not exceeding the sum limited to each diseases.**
- d) A member will get a maximum benefit of Rs.3 Lakhs in one year
- e) Diagnosis and treatment costing less than Rs.5000/- will not be covered under this scheme.
- f) The managing committee is empowered to add or alter or delete the name of the list of institutions for treatment.
- g) However, cost of treatment of members/beneficiary members shall be reimbursed regardless of whether they are recognized or not, provided the managing committee has not debarred them under any circumstances for any fraudulent action made in the records given to members.
- h) **No advance payment will be made to the members.**
- i) Managing committee of the scheme shall decide about the claim. State Working Committee of IMA KSB shall be the appellate body. No disputes can be challenged in any court of law.
- j) New members of the scheme will get the benefit on **completion of one year term** after joining the scheme. **(Lock in period)**
- k) ***Charges of engaging a special nurse or attendant will not be reimbursed.***
- l) ***Expense incurred on travel or ambulance will not be allowed.***
- m) ***Food, laundry and telephone bills will not be reimbursed.***
- n) ***Claim for treatment in systems other than Modern Medicine will not be allowed.***
- o) ***Claim on cosmetic treatment, dental procedures, external appliances like spectacle, hearing aids etc will not be reimbursed.***
- p) Room rent up to Rs. 1000/- per day will only be considered for reimbursement.

DR.ROY R CHANDRAN

Hon Secretary, IMA Kerala Health Scheme

MONU'S, INPAAR JUNCTION, CHEVAYUR P.O,

Kozhikode - 673017, Mob: 9539332426

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